

7852 Walker Drive, Suite 200 Greenbelt, Maryland 20770 phone: 301-459-7590, fax: 301-577-5575 internet: www.jsitel.com, e-mail: jsi@jsitel.com

June 29, 2015

Accepted / Filed

Via Hand Delivery

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12th Street, SW Washington, DC 20554 JUN 29 2015

Federal Communications Commission Office of the Secretary

Re:

WC Docket No. 14-58

2015 ETC Annual Report of Waldron Telephone Company

Study Area Code 310734

Dear Ms. Dortch:

On behalf of Waldron Telephone Company ("Waldron"), JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules. Waldron seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of its Progress Report on its Five-Year Service Quality Improvement Plan as required by Section 54.313(a)(1).

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall JSI Vice President

301-459-7590

jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

No. of Copies rec'd_ List ABCDE 043

⁴⁷ C.F.R. §§ 54.313, 54.422.

² Connect America Fund et al., WC Docket No. 10-90 et al., Protective Order, DA 15-712 rel. June 17, 2015 (Protective Order). 47 C.F.R. § 54.313(f)(2).

^{3 47} C.F.R. §§ 0.457, 0.459, 54.313(a)(1).



June 29, 2015

REDACTED - FOR PUBLIC INSPECTION

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JUN 29 2015

Federal Communications Commission Office of the Secretary

Re: WC Docket No. 14-58

2015 ETC Annual Report of Waldron Telephone Company

Study Area Code 310734 Request for Confidentiality

Dear Ms. Dortch:

John Staurulakis, Inc. ("JSI"), on behalf of its client Waldron Telephone Company ("Company") hereby requests, pursuant to Sections 0.457 and 0.459 of the Commission's rules, withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement. The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).

- 1. The information for which the Company is seeking confidential treatment is an attachment to the Company's annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission's rules ("Report").³
- Pursuant to Section 54.313(a)(1), Rate-of-Return Eligible Telecommunications
 Carriers ("ETCs") must file with the Commission a Progress Report on its FiveYear Service Quality Improvement Plan ("Progress Report") which is contained
 in the attachment to the 2015 Report.⁴
- 3. The information contained in attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment. Information of this nature is confidential commercial information routinely withheld from public inspection.

¹ 47 C.F.R. §§ 0.457, 0.459.

² 47 C.F.R. § 0.459(b)(1) through (9).

^{3 47} C.F.R. §§ 54.313, 54.422.

^{4 47} C.F.R. §§ 54.313(a)(1).

With respect to identifying the degree to which the subject attachment concerns a service that is subject to competition, the information is of a financial and competitive nature regarding the provision of telecommunications services. The Line 112 attachment contains competitively sensitive information related to proposed improvements or upgrades and maintenance the Company's network.

In its March 5, 2013 Order, the FCC. The FCC specified that for rate-of-return carriers, the five-year plans "should describe the carrier's network improvement plan, which should provide greater visibility into current plans to extend broadband service to unserved locations in rate-of-return service territories." The Company's Progress Report updates this information as well as provides maps and detailed information as to whether or not network improvement objectives were achieved at the wire center level. Accordingly, because the Company is a rate-of-return carrier, it must file Progress Reports which contain proprietary, competitively sensitive information related to the Company's existing network including the specific locations of customers as well as describe proposed improvements or upgrades and maintenance of its network throughout its service area. Specifically, this information sets forth services provided by the Company over its existing network including specific locations of customers as well as planned network improvement and maintenance for the years 2015 through 2019 including project start and completion dates, population that will be impacted by the improvements and upgrades at the wire center level and projected capital costs associated with the improvements and upgrades and operating costs associated with maintaining the network including depreciation for investments that have already been made. As such, this information contains competitively sensitive information related to the Company's existing network as well as detailed plans at the wire center level for network upgrades and maintenance projected for the years 2015 through 2019.

- 5. With respect to identifying possible exposure to competitive harm, the information contained in the Line 112 attachment is information that is not customarily released to the public. This information is proprietary to the Company, is unique to the Company's serving territory and is only known to the Company and its authorized agents. If the Information is not protected, it would have economic value to potential competitors who would be able to target their marketing to specific customers. In a competitive telecommunications marketplace, this type of information is highly sensitive. If publicly disclosed, it would enable competitors to craft business plans that capitalize on their knowledge of the locations of the Company's customers which would place the Company at a competitive disadvantage.
- With respect to steps the Company has taken to ensure against unauthorized disclosure of the information contained in the attachment, the Company is filing

⁵ See Connect America Fund et al., WC Docket 10-90 et al., Order, DA 13-332 (rel. Mar. 5, 2013) ("March 5, 2013 Order") at para 9 citing Section 54.202(a) (1) (ii).

the attachment under seal. The Company uses the information contained in the Five-Year Plan to ensure that its customers continue to receive state-of-the-art high quality telecommunications and broadband services that the Company has been providing to them for many years as well as to satisfy mandatory reporting requirements and does not share the information for which protection is sought. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.

- 7. Any previous versions of this information are not publicly available.
- 8. Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
- 9. Not applicable.

Based on the preceding, JSI respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment.

Please contact the undersigned with any questions regarding this request.

Sincerely,

John Kuykendall JSI Vice President

301-459-7590

jkuykendall@jsitel.com

	Data Collection Form	TED FOR PUBLIC		Acce	oted / Filed-
<010>	Study Area Code	310734			
<015>	Study Area Name	WALDRON TEL CO		-1111	29 2015
<020>	Program Year	2016			in the second
<030>	Contact Name: Person USAC should contact with questions about this data	Lucinda Bernath			munications Commission of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5172866211 ext.			
<039>	Contact Email Address: Email of the person identified in data line <030>	cindy@wcomo.net			
		77.75			54,313 54,422 ompletion Completion
NNÚ/	L REPORTING FOR ALL CARRIERS		A STATE OF		Required Required (check box when complete)
100>	Service Quality Improvement Reporting		(complete attached works	sheet)	1 111111
200>	Outage Reporting (voice)		(complete attached works	sheet)	/
210>		no outages to report			1 Hilli
<300>	Unfulfilled Service Requests (voice) 0			1	
<310>	Detail on Attempts (voice)				11116
				(attach descriptive docume	ent)
<320>	Unfulfilled Service Requests (broadband)				1 11111
				7 –	MILL
<330>	Detail on Attempts (broadband)			(attach descriptive docum	
400>	Number of Complaints per 1,000 customers (voice	1		_	
410>	Fixed 0.0			г	· / II /
<420>	Mobile 0.0			_	
<430> <440>	Number of Complaints per 1,000 customers (broad	(band)			1
<450>	Mobile 0.0			_	
<500>	Service Quality Standards & Consumer Protection 310734mi510.pdf	Rules Compliance	(check to indicate certific	cation)	/ /
<510>			(attached descriptive	document) F	
13102			(ottoched descriptive i	L	<u> </u>
			_	_	
<600>	Functionality in Emergency Situations 310734mi610.pdf		(check to Indicate certific	cation)	<i>\</i>
	300,000,000,000,000,000,000		attached descriptive doc	umanti [1 1
-610\			attached descriptive doc	umenty	
<610>				г	/ 433333
<700> <710>	Company Price Offerings (voice) Company Price Offerings (broadband)		(complete attached work	T-	
<800>	Operating Companies and Affiliates		(complete attached work		
<900>	Tribal Land Offerings (Y/N)?		if yes, complete attached work	NUMBER OF THE PROPERTY OF THE	- Hilli
1000>	Voice Services Rate Comparability Certification		Yes		<u> </u>
-1010			(attach descriptive docu	(ment)	****
<1010			in the security of the second		
<1100	> Certify whether terrestrial backhaul options exist	(Yes or No) ((If not, check to indicate	e certification)	/ MINI
<1110>	. :		(complete attached work	ksheet)	IIIII
<1200>	Terms and Condition for Lifeline Customers	In	(complete attached wor	ksheet)	
	Price Cap Carriers, Proceed to Price Cap Additiona Including Rate-of-Return Carriers affiliated with P	AN USS AS MICH BY			
2000>	1999, April 1990 (1996) 1990 (1996) 1996 (1996) 1996 (1996) 1996 (1996) 1996 (1996) 1996 (1996) 1996 (1996) 19	cup Locui Excitati	(check to indicate certific	cation)	ann
2005>		d Documentation Mi	(complete attached work	(sheet)	
3000>	Rate of Return Carriers, Proceed to ROR Additiona	ii Documentation Wo	(check to indicate certific	cation)	
<3005>			(complete attached work		The state of

	ervice Quality Improvement Reporting Illection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Cont July 2013	rol No. 3060-0819
<010>	Study Area Code	310734	
<015>	Study Area Name	WALDRON TEL CO	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net	
<110>	Has your company received its ETC certification from the FCC?	(yes / no) • •	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O	
<112>	report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your or CETC which only receives frozen support, your progress report is only required to address voice telephony service.	ompany is a	
	Please select the appropriate responses below (Yes, No, Not Applicable) to confir that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall b submitted at the wire center level or census block as appropriate.	year	
<113>	Maps detailing progress towards meeting plan targets	Yes	
<114>	Report how much universal service (USF) support was received	Yes	
<115>	How much (USF) was used to improve service quality and how support was used to improve	ve service quality Yes	
<116>	How much (USF) was used to improve service coverage and how support was used to improve		
<117>	How much (USF) was used to improve service capacity and how support was used to improve	un senies especits	
<118>	Provide an explanation of network improvement targets not met	Not Applicable	¥

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form	July 2013
	July 2020

<010>	Study Area Code	310734
<015>	Study Area Name	WALDRON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<₽>	<g></g>	<h>></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
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E 47 (C)	ce Offerings including Voice Raté Dâta lection Form		FCC Form 481 OMB Control No. 3860-6986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310734	
<015>	Study Area Name	WALDRON TEL CO	ACTOR AND ADDRESS OF THE ACTOR AND ADDRESS OF
<020>	Program Year	2016	N
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net	- 100
<701> <702>	Residential Local Service Charge Effective Date 1/1/2015 Single State-wide Residential Local Service Charge		

State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and F
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	adband Price Offerings lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310734	
<015>	Study Area Name	WALDRON TEL CO	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.	
<039×	Contact Email Address - Email Address of person identified in data line (030)	cindv@wcomo.net	

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
11								
	1-							
			- See attac	hed				
			Worksheet					

onel ob	erating Companies			ACTION IN	FCCForm 481
ata Coli	lection Form				OMB Control No. 3060-0986/OMB Control No. 3060-081 suly 2013
<010>	Study Area Code		310734		
<015>	Study Area Name		WALDRON TEL C	20	
<020>	Program Year	- N. S.	2016		
<030>	Contact Name - Person	USAC should contact regarding this data	Lucinda Berna	ith	
<035>	Contact Telephone Num	nber - Number of person identified in data line <030>	5172866211 ex	ct.	
<039>		Email Address of person identified in data line <030>	cindy@wcomo.	net	
<810>	Reporting Carrier	Waldron Telephone Company		EP # 1 1 10E 10C1	
<811>	Holding Company	Waldron Communication Company	317770		50 St. 10 St
<812>	Operating Company	Waldron Telephone Company			
<813>		qi)		4825	
09		Affiliates		SAC	Doing Business As Company or Brand Designation
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25 - 25 - 25 - 25 - 25 - 25 - 25 - 25 -					

	bal Lands Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-081 July 2013
<010>	Study Area Code	310734	
<015>	Study Area Name	WALDRON TEL CO	I. CONTRACTOR OF THE PROPERTY
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath 5172866211 ext.	
<035>	Contact Telephone Number - Number of person identified in data line <030 Contact Email Address - Email Address of person identified in data line <030		The second secon
<910>	Tribal Land(s) on which ETC Serves	i a	
<920>	Tribal Government Engagement Obligation	Name of Atta	ched Document
to confi demons	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:	Select Yes or No or Not Applicable	
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	12111111	
<922>	Feasibility and sustainability planning;		
<923>	Marketing services in a culturally sensitive manner;		
<924>	Compliance with Rights of way processes		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		
<927>	Compliance with Environmental Review processes		
<928>	Compliance with Cultural Preservation review processes		
	Comprising their cultural reservation retrett processes		

	lo Terrestrial Backhaul Reporting Hection Form		FCC Form 481 OMB Control No. 3060-0986/GMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310734	V (64-95)(II (64-95)(III (64-9
<015>	Study Area Name	WALDRON TEL CO	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.	3. 26.00000000
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net	TO VINITENSIA.
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 k upstream within the supported area pursuant to \$ 54.313(g).	bbps	

Lifeline	erms and Condition for Lifeline Customers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		310734
<015>	Study Area Name		WALDRON TEL CO
<020>	Program Year		2016
<030>	Contact Name - Person USAC should contact regarding this data		Lucinda Bernath
<035>	Contact Telephone Number - Number of person identified in data	ine <030	> 5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data	line <030	> cindy@wcomo.net
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans		310734mi1210.pdf
			Name of Attached Document
<1220>	Link to Public Website	НТТР	
or the we	neck these boxes below to confirm that the attached document(s), on line bsite listed, on line 1220, contains the required information pursuant to [a](2) annual reporting for ETCs receiving low-income support, carriers museport:		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	1	
<1222>	Details on the number of minutes provided as part of the plan,	/	
<1223>	Additional charges for toll calls, and rates for each such plan.	V	

	rice Cap Carrier Additional Documentation	FCC Form 481
1.500.500	lection Form Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	OMB Control No. 3060-0986/OM8 Control No. 3060-0819 July 2013
including	Note-oj-neturn Carriers ajjanutea with Price Cap Local Exchange Centers	
<010>	Study Area Code	
<015>	Study Area Name	310734
<020>	Program Year	WALDRON TEL CO
<030>	Contact Name - Person USAC should contact regarding this data	2016
<035>	Contact Telephone Number - Number of person identified in data line <030>	Lucinda Berhath
<039>	Contact Email Address - Email Address of person identified in data line <030>	5172868211 EXL.
NAME AND ADDRESS OF THE PARTY.		cindy@wcomo.net
:ozcaronowedn		
		a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, an
Connect	America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The Inform	nation reported on this form and in the documents attached below is accurate.
	Incremental Connect America Phase I reporting	
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1)i)	
<2011a:	> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}	
<2011b	Attachment (47 CFR § 54.313(b)(1)ii)	
	,	
		Name of Attached Document(s) Listing Required Information
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	
<2012>	**************************************	
<2013>	교 [[] [] 이 아이트를 하면서 그렇게 되었다면서 되었다. 그렇게 주어를 하면 되었다면서 없다면서 없다.	
<2014>	: "PART SECOND OF THE PART OF	
<2015>	2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))	
	Date Co. Contr. Commun. Annual 100 Commun. (47 CPD C Co. 244)	
-2016	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
<2016>	Certification Support Used to Build Broadband	
2017	Connect America Phase II Reporting (47 CFR § 54.313(e))	
<2017> <2018:	Sid year broadband Service Certification	
<2019:	Stri year broaddand Service Certification	
	micrim 1708 cas dertination	
<2020>	 Please check the box to confirm that the attached document(s), on lin pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support sl 	18 2021, contains the required information
	addresses of community anchor institutions to which began providing	
	preceding calendar year.	, 2003 10 2.00 20 10 2.1 10 2.1 10 2.1
<2021>	Interim Progress Community Anchor Institutions	·
		Name of Attached Document(s) Listing Required Information

		REDATED FOR PUBLIC INS	
(3000) R	ste Of Return Carrier Additional Documentation		PCC Form AB3
Date Col	action Form		OME Control No. 3060-0986/GMS Control No. 3060-0819
THE			July 2018
	Study Area Code	310734	
<015>	Study Area Name	WALDRON TEL CO	WHILLIAN DURING DAY OF WHITE THE TOTAL
<020>	Program Year	2016	ANIMAL IN AMERICAN ANIMAL ANIM
<035>	Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>	Lucinda Bernath	THE COURT DESIGNATION OF THE SECOND
<039>	Contact Email Address - Email Address of person identified in data line <030>	5172866211 ext. cindv@wcomo.net	AT THE EXCEPTION OF THE PROPERTY OF THE PROPER
CUECY	the boxes below to note compliance on its five year service quality plan (pursu		compliance with the figure to constitute requirements set forth in 47
CHECK		the information reported on this form and in the documents attach	
		310734mi3010.pdf	1
(3010)	Progress Report on 5 Year Plan	1	1
	Milestone Certification (47 CFR § 54.313(f)(1)(I))		4
		Name of Attached Document Listing Required Informa	stion
(3011)	Please check this box to confirm that the attached document(s), on line § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and add		
	providing access to broadband service in the preceding calendar year.		
		310734mi3012.pdf	
			T2
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))		
		Name of Attracted Designant Listing Required Information	
	the state of the s	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report	(Yes/No) (Yes/No)	₹ }
	a la	NEW MORE OF THE PERSON AND THE PROPERTY OF THE PERSON AND THE PERS	
Please	check these boxes to confirm that the attached document(s), on line 30	17, contains the required information pursuant to § 54.313(f)(2	2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for		
(2016)	Telecommunications Borrowers)	ash Floure	
(2010)	Document(s) for Balance Sheet, Income Statement and Statement of C	asii riows	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation		
	report and all required documentation		
		Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, Is your company audited?	(Yes/No)	DiC)
	If the response is yes on line 3018, please check the boxes below to	12 C 251	
	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a	format comparable to RUS Operating Report for Telecommunication	ns 🗸
		and the state of the The state of the state	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of	Cash Flows	<u> </u>
(3021)	Management letter and audit opinion issued by the independent certified	public accountant that performed the company's financial audit	
	If the response is no on line 3018, please check the boxes below		
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
	contains:		
(3022)	Copy of their financial statement which has been subject to review by an		
	independent certified public accountant; or 2) a financial report in a		
	format comparable to RUS Operating Report for Telecommunications Borrowers,		
(2022)	- [10] [10] [10] [10] [10] [10] [10] [10]		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		h
	Document(s) for Balance Sheet, Income Statement and Statement of C	Cash Flows	<u> </u>
		310734mi3026.pdf	
	1500 T00000 165 V _ 500 160 F 68		
(3026)	Attach the worksheet listing required information		l l
	. "		I.
			## #HOME ()
		Name of Attached Document Listing Required Information	

	DEDATED FOR PURILCULOR	CTION
	A THE RESIDENCE OF THE PARTY OF	
(3000) Rate Of Return Carrier Additional Documentation (Continued)		CCForm 481
(2000) Nate of Retail Carrier Absorbing bocomercians (Continues)		AALTONIN TOA
		Built Will A Land Action of the Control of the Cont
Pata Collection Form	TALL PROPERTY OF THE PROPERTY	2N/B Control No. 3060-0385/CN/B Control No. 3060-0819
		AT THE COURT OF COURT OF THE PARTY OF THE PA
		WV 2013

Study Area Code	310734		
Study Area Name	WALDRON TEL CO		
Program Year	2016		
Contact Name - Person USAC should contact regarding this data	Lucinda Bernath		
Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.		Western 15 June 1
Contact Email Address - Email Address of person identified in data line <030>	cindv@wcomo.net		
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030>	Study Area Name WALDRON TEL CO Program Year 2016 Contact Name - Person USAC should contact regarding this data Lucinda Bernath Contact Telephone Number - Number of person identified in data line <030> 5172866211 ext.	Study Area Name WALDRON TEL CO Program Year 2016 Contact Name - Person USAC should contact regarding this data Lucinda Berneth Contact Telephone Number - Number of person identified in data line <030> 5172866211 ext.

Financial Data Summary	
(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Data Coll	Jon - Reporting Carrier - ection Form	FCC form 481 . OMB Control No. 3060-0986/OMB Control No. 3060-0819 May 2013
<010>	Study Area Code	310734
<015>	Study Area Name	WALDRON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the Information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Signature of Authorized Officer: Date Printed name of Authorized Officer: Title or position of Authorized Officer: Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

ATTENDED TO STORY	tion - Agent / Carrier lection Parm	FCC Ferm 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2015
<010>	Study Area Code	310734
<015>	Study Area Name	WALDRON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent) <u>John Staurulakis</u> , <u>Inc</u> is authorized to submit the information reported on behalf of the reporting carrier liso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent: John Staurulakis, Inc					
Name of Reporting Carrier: WALDRON TEL CO					
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/26/2015				
Printed name of Authorized Officer: Lucinda Bernath					
Title or position of Authorized Officer: Vice President					
Telephone number of Authorized Officer: 5172866211 ext.					
Study Area Code of Reporting Carrier: 310734	Filing Due Date for this form: 07/01/2015				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized	I to File Annual Reports for CAF or L	Recipients on Behalf of Repo	rting Carrier
, as agent for the reporting carrier, certify that I am authorized to sub the data reported herein based on data provided by the reporting car	사람들은 사람들이 얼마나 하나 하나 하나 그 그들은 사람들이 되었다. 그 그 사람들이 얼마나 없는데 하는데 하다 되었다.	그렇게 하는 사람들은 얼마를 가득하게 되었다. 그렇게 하는 사람들이 없었다. 나는 나는 사람들이 없었다.	하게 있었다면 하다 있는데 이렇게 있는데 보다면 하다 되는데 없는데 되는데 되었다.
Name of Reporting Carrier: WALDRON TEL CO			
Name of Authorized Agent or Employee of Agent: JSI			
Signature of Authorized Agent or Employee of Agent: CERTIFIED	ONLINE	Dat	te: 06/26/2015
Printed name of Authorized Agent or Employee of Agent: Cassands	ra Heyne		
Fitle or position of Authorized Agent or Employee of Agent Consult	ant		
Telephone number of Authorized Agent or Employee of Agent: 30145	97590 ext.		
Study Area Code of Reporting Carrier: 310734	Filing Due Date for this form:	07/01/2015	

Attachments

ATTACHMENT - LINE 112

Five-Year Network Improvement Plan and Progress Report

ATTACHMENT REDACTED IN ENTIRETY

Waldron Telephone Company's Demonstration of Compliance with Service Quality
Standards and Consumer Protection Rules for Voice and Broadband Services:

In establishing this certification in its 2005 ETC Order,¹ the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers." The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis. In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."

Waldron Telephone Company ("Company") hereby certifies that it is complying with state and federal service quality standards and consumer protection rules. The Company is subject to consumer protection obligations for voice services under state law. These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of The Michigan Public Service Commission (MPSC), as specified in Section 202(b) of the Michigan Telecommunications Act (MTA) and MPSC Case No. U-11103, which disclose rates, terms and conditions of service to customers; (2) adherence to Michigan state consumer protection requirements governing telephone providers, Prohibitions as identified in Sections 305 and 502 of the MTA, Costing

¹ Federal-State Joint Board on Universal Service, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

² Id. at para. 28.

³ Id. The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." Id. at n. 71.

Procedures as determined by the MPSC in Case No. U-11103, and Compliance with Anti-Slamming Procedures as adopted in MPSC Case No. U-11757 and Case No. 11900; and (3) CPNI, Red Flag Rules and other federal and state requirements governing the protection of customers' privacy.

The Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3. The Company furthermore will comply with all requirements set forth in the 2015 Open Internet Order when it becomes effective.

Waldron Telephone Company's Demonstration of Ability to Function in Emergency Situations

Waldron Telephone Company ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and the Michigan Telecommunications Act (MTA). The Company's voice and broadband network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators and battery back-up that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. The Company has battery backup at all office locations and in its electronic equipment sites in accordance with the specifications identified in Section 305c(a) of the MTA, 484.2305c Emergency power requirements; compliance.

Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

100000000000000000000000000000000000000	ce Offerings including Voice Rate Data lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 Ady 2013
<010>	Study Area Code	310734
<015>	Study Area Name	WALDRON TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cindy@wcomo.net
<701>	Residential Local Service Charge Effective Date 1/1/2015	

<703>

<23> State	<a2> Exchange (ILEC)</a2>	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fee
мі	Waldron		PR	18.72	0.0	0.0	0.0	18.72
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							and the second second	
				× - 4				-
							404	
	44.11.11							
						33.9%		

(710) Broadband Price Offerings Data Collection Form	PCC Form 481 CMB Control No. 3060-0819 July 2013

<010>	Study Area Code	310734	_
<015>	Study Area Name	WALDRON TEL CO	
<020>	Program Year	2016	1000 MISS
<030>	Contact Name - Person USAC should contact regarding this data	Lucinda Bernath	
<035>	Contact Telephone Number - Number of person identified in data line <030>	5172866211 ext.	
<039>	Contact Email Address - Email Address of person Identified in data line <030>	cindy@wcomo.net	

State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees		Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
4I	Waldron	52.95	0.0	52.95	4.0	1.0	999999	Other, N/A
1I	Waldron	84.95	0.0	84.95	10.0	1.0	999999	Other, N/A
4I	Waldron	89.95	0.0	89.95	15.0	1.0	999999	Other, N/A
11	Waldron	94.95	0.0	94.95	20.0	1.0	999999	Other, N/A
11	Waldron	89.95	0.0	89.95	5.0	1.0	999999	Other, N/A; standalone broadband
								# 4 -
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	Y - 7 - 13 - 10 - 10 - 10 - 10 - 10 - 10 - 10							
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							311	
								Marian Carlotte Control Contro
			10000000					
22								

Michigan Lifeline Administration Service

LIFELINE APPLICATION

Eligible customers will receive \$11.25 off their monthly phone bill and seniors aged 65 and older can receive additional discounts.

TOLL FREE 1-866-321-2323

To apply for Lifeline Service, complete the application below and send it to:

Lifeline Administration Service

PO Box 11037, Lansing, Michigan 48901 OR fax to 517-482-3548

IDENTIFICATION INFORMATION (PLEASE PRINT)							
Applicant's phone number: Name of phone company:							
Date of Birth:	rth: Last 4-digits of Social Security Number:						
Last Name:	ast Name: First Name: M.I.:						
Street: Residential stre	et address only; FCC regu	lations pro	phibit the use of P.O. Box	es for the Lifeline program			
City:		SACCHIER CONTROLLERS	State:	ZIP Code:			
This is my perma	anent address: Yes 🔲 No	☐ Thi	s is a rural address with n	postal route: Yes No			
Billing Address,	Billing Address, City, State and Zip Code (if different from Service Address)						
nursing home, a	ple unique households (e. ssisted living facility) at r ned in this program.	-	YES	NO 🗆			
	Р	ROGRAM	QUALIFICATION INFORMA	TION			
one section only	·		***************************************	of the two methods below. Please			
E 200	income is within the guid usehold income, which is			wing photocopies that document n apply.	ny total		
TOTAL MONTHLY INCOME: \$ NUMBER OF HOUSEHOLD MEMBERS:							
TOTAL MONTHL	Y INCOME: \$	NU	MBER OF HOUSEHOLD ME	MBERS:			
TOTAL MONTHL	Y INCOME: \$ # of Household Members		MBER OF HOUSEHOLD ME Gross Monthly Income	MBERS: Gross Annual Income			
TOTAL MONTHL	# of Household Members 1		Gross Monthly Income \$1,471	Gross Annual Income ⁻ \$17,655			
TOTAL MONTHL	# of Household Members 1 2		Gross Monthly Income \$1,471 \$1,991	Gross Annual Income* \$17,655 \$23,895			
TOTAL MONTHL	# of Household Members 1		\$1,471 \$1,991 \$2,511	\$17,655 \$23,895 \$30,135			
TOTAL MONTHL	# of Household Members 1 2 3 4		\$1,471 \$1,991 \$2,511 \$3,031	Gross Annual Income* \$17,655 \$23,895			
(+	# of Household Members 1 2	or each addit	\$1,471 \$1,991 \$2,511 \$3,031 Sional household member.	\$17,655 \$13,895 \$30,135 \$36,375			
☐ Prior year's	# of Household Members 1 2 3 4 *Add \$6,240 (\$520 monthly) for	or each addit	\$1,471 \$1,991 \$2,511 \$3,031 Glonal household member. Current Annual Inc. Paycheck stubs or	\$17,655 \$23,895 \$30,135			
☐ Prior year's	# of Household Members 1 2 3 4 *Add \$6,240 (\$520 monthly) for state or federal tax return	or each addit	\$1,471 \$1,991 \$2,511 \$3,031 Sional household member. Current Annual Inc. Paycheck stubs or information for an	\$17,655 \$23,895 \$30,135 \$36,375 ome Statement from Employer other official document containing			
Prior year's Social Secur	# of Household Members 1 2 3 4 *Add \$6,240 (\$520 monthly) for state or federal tax return ity statement of benefits /pension statement of ben nent/Worker's Compensat	or each addit	\$1,471 \$1,991 \$2,511 \$3,031 Sional household member. Current Annual Inc. Paycheck stubs or information for an Veterans Administ.	\$17,655 \$23,895 \$30,135 \$36,375 ome Statement from Employer other official document containing y 3 consecutive months within last	12 months		
Prior year's Social Secur Retirement/ Unemploym Statement of Method 2. I, o	# of Household Members 1 2 3 4 'Add \$6,240 (\$520 monthly) for state or federal tax return ity statement of benefits 'pension statement of benefits nent/Worker's Compensation	or each addit n. refits ion	\$1,471 \$1,991 \$2,511 \$3,031 Sional household member. Current Annual Income Paycheck stubs or information for an Uveterans Administration for mation for mation for mation for mation med below, receives assistant process assistan	\$17,655 \$23,895 \$30,135 \$36,375 ome Statement from Employer other official document containing y 3 consecutive months within last ration statement of benefits	12 months		
Prior year's Social Secur Retirement/ Unemployn Statement Method 2. I, o providing docum	# of Household Members 1 2 3 4 *Add \$6,240 (\$520 monthly) for state or federal tax return fity statement of benefits for pension statement of benefits for ment/Worker's Compensation of Benefits The member of my housementation of participation	or each addit n. refits ion	\$1,471 \$1,991 \$2,511 \$3,031 clonal household member. Current Annual Inc. Paycheck stubs or information for an Veterans Administ. Divorce decree or information med below, receives assistecked program.	\$17,655 \$23,895 \$30,135 \$36,375 ome Statement from Employer other official document containing y 3 consecutive months within last ration statement of benefits child support document containing	12 months		
Prior year's Social Secur Retirement/ Unemploym Statement Method 2. I, o providing docum Name:	# of Household Members 1 2 3 4 *Add \$6,240 (\$520 monthly) for state or federal tax return fity statement of benefits for pension statement of benefits for ment/Worker's Compensation of Benefits The member of my housementation of participation	or each addit n. refits ion	\$1,471 \$1,991 \$2,511 \$3,031 Conal household member. Current Annual Income Paycheck stubs or information for an information Divorce decree or information Divorce decree or information The below, receives assisted below, receives assisted below. Federal Public Ho	\$17,655 \$23,895 \$30,135 \$36,375 ome Statement from Employer other official document containing y 3 consecutive months within last ration statement of benefits child support document containing child support document containing child support document containing	12 months		
Prior year's Social Secur Retirement/ Unemploym Statement Method 2. I, o providing docum Name: Food stamps Medicaid	# of Household Members 1 2 3 4 *Add \$6,240 (\$520 monthly) for state or federal tax return fity statement of benefits for pension statement of benefits for ment/Worker's Compensation of Benefits The member of my housementation of participation	or each addit n. refits ion	\$1,471 \$1,991 \$2,511 \$3,031 clonal household member. Current Annual Inc. Paycheck stubs or information for an Veterans Administ. Divorce decree or information ned below, receives assist ecked program. Federal Public Ho	\$17,655 \$23,895 \$30,135 \$36,375 ome Statement from Employer other official document containing y 3 consecutive months within last ration statement of benefits child support document containing rance from one of the listed progra	12 months		
Prior year's Social Secur Retirement/ Unemploym Statement Method 2. I, o providing docum Name: Food stamp Medicaid Supplement	# of Household Members 1 2 3 4 *Add \$6,240 (\$520 monthly) for state or federal tax return fity statement of benefits //pension statement of benefits //pension statement of benefits in the member of my house mentation of participation for the member of my house mentation of participation for the member of my house mentation of participation for the member of my house mentation of participation for the member of my house mentation of participation for the member of my house mentation of participation for the member of my house mentation of participation for the member of my house mentation of participation for the member of my house mentation of participation for the member of my house mentation of participation for the member of my house mentation of participation for the member of my house mentation of participation for the member of my house mentation of participation for the member of my house mentation for the member of my house members of my house my house members of my house members of my house my house members of my house my hou	efits ion ehold nan	\$1,471 \$1,991 \$2,511 \$3,031 clonal household member. Current Annual Inc. Paycheck stubs or information for an Veterans Administ. Divorce decree or information ned below, receives assist ecked program. Federal Public Ho	Gross Annual Income \$17,655 \$23,895 \$30,135 \$36,375 ome Statement from Employer other official document containing 3 consecutive months within last ration statement of benefits child support document containing ance from one of the listed progra	12 months		

in termination of my participation in the program.

LIFELINE ADMINISTRA	TION SERVICE PROCESSES APPLICATIONS I	FOR THE FOLLOWING COMPANIES
AcenTek	Climax Telephone Company	Springport Telephone Company
Allband Communications Coop.	Deerfield Farmers' Telephone Co.	TDS Telecom
Baraga Telephone Company	Hiawatha Telephone Company	Thumb Cellular
Barry County Telephone Company	Kaleva Telephone Company	Upper Peninsula Telephone Company
Blanchard Telephone Company	Lennon Telephone Company	Waldron Telephone Company
Bloomingdale Communications	Michigan Central Broadband Co.	Westphalia Broadband, Inc./Comlink
Carr Telephone Company	Midway Telephone Company	Westphalia Telephone Company
CenturyLink of Michigan	Ogden Communications	Winn Telecom
CenturyLink of Midwest Michigan	Ontonagon County Telephone Co.	Winn Telephone Company
CenturyLink of Northern Michigan	Pigeon Telephone Company	
CenturyLink of Upper Michigan	Sand Creek Telephone Company	
Chapin Telephone Company	Southwest Michigan Communications	

For more information, please call 1-866-321-2323.

If your phone company is not on the list above, please contact them directly to apply for Lifeline discounts.

APPLICANT ACKNOWLEDGEMENTS

PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS TO INDICATE THAT YOU UNDERSTAND AND AGREE:

<u></u> I	understand and consent to Lifeline Administration Service providing my Lifeline service account information,
i	ncluding but not limited to, my name, residential address, phone number, date of birth, the last 4 digits of my social
5	ecurity number, the date on which my Lifeline service was initiated/terminated, the amount of Lifeline support
1	provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company
(USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the
ı	ifeline program. I understand that if I fail to provide this consent, Lifeline Administration Service will deny me
I	ifeline service.
<u>ا</u>	ifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
—1	ifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines,
i	mprisonment, de-enrollment or being barred from the program.
	ifeline support is only available for a single phone line at my principal residence and no one else in my household is
ī	eceiving Lifeline discounts. (A "household" is defined as any individual or group of individuals who live together at the
5	ame address and share income and expenses.)
	iolation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules
a	and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
<u></u>	understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved
1	nay be notified so that I may select one service and be de-enrolled from the other(s).
1	will notify my telephone company within 30 days if I no longer qualify for Lifeline and I may be subject to penalties if
ĺ	fail to do so.
<u>—</u> i	will notify my telephone company within 30 days of any changes to my residential address.
	will be required to certify my continued eligibility for Lifeline at least once a year and know failure to do so will result

APPLICANT SIGNATURE

I certify, under penalty of perjury, that the information provided in this application and supporting documentation true and complete.				
Signature:	Date:			

REVISED 1/2015

Waldron Telephone Company Tariff M.P.S.C. No. 1 (R)

7th Revised Sheet No. 11 Cancels 6th Revised Sheet No. 11

LOCAL TELEPHONE EXCHANGE SERVICE

LIFELINE SERVICE

A. DESCRIPTION

- Lifeline Service applies discounts to monthly recurring rates for qualifying residential customers. These discounts are applied to existing tariffed rates and charges for residential telephone service.
- In order to be eligible for Lifeline Service a residential customer's household income must be at or below 150% of the poverty level as determined by the United States Office of Management and Budget and as approved by the State Treasurer or the customer must participate in one of the following federal assistance programs:
 - Medicaid
 - Food stamps

 - Supplemental security income Federal public housing assistance
 - Low-income home energy assistance program
 - National school lunch program's free lunch program
 - Temporary assistance for needy families. q.
- Lifeline Service includes the services and functionalities enumerated in bythe F.C.C. as follows: voice grade access to the public switched network; local usage; dual tone multi-frequency signaling or its functional equivalent; single-party service or its functional equivalent; access to operator services; access to interexchange service; access to directory assistance; and toll blocking for qualifying customers.
- Other services can be provided with the Lifeline Service at applicable rates and charges.

REGULATIONS

- Regulations specified elsewhere in the Company's tariffs apply to Lifeline Service.
- Lifeline Service is available only with residence services, excluding foreign exchange service. Lifeline Service is limited to one line per household at the customer's primary residence.
- A miscellaneous service charge does not apply when Lifeline Service is added or discontinued to existing service when that is the only work being done.
- A discount of 20% of the Basic Local Exchange rate or \$11.25, whichever is greater, on the monthly rate for Basic Local Exchange Service for Lifeline customers is applicable. For Lifeline customers 65 years of age or more, the discount will be 25% of the Basic Local Exchange rate or \$12.35, whichever is greater. The total discount shall not exceed 100% of all end-user common line charges and the Basic Local Exchange rate.
 - The credit will be applied in the following order: (1) The Interstate End User Access Charge, National Exchange Carriers Association, Inc. Tariff F.C.C. No. 5, Access Service. (2) The balance of the credit, if any, will be applied as a credit to the Basic Local Exchange rate.
 - The Company will provide, at the qualifying customer's option, toll blocking service at no charge. The Company defines toll blocking as a service provided by the Company that lets the customer elect not to allow the completion of outgoing toll calls from their telecommunications channel.
 - The Company will not require a service deposit in order to initiate Lifeline Service if the qualifying customer voluntarily elects toll blocking service.
 - The Company will not disconnect Lifeline Service for non-payment of toll charges by qualifying customers.
- The Lifeline plan will apply after receipt and processing of a completed Company or community/government provided application, including documentation indicating that the household income meets the eligibility standards established above.
- Customers of Lifeline Service must notify the Company of any changes which would affect qualification. Reverification of eligibility will take place on an ongoing basis. When the customer is no longer eligible for Lifeline service, the Lifeline discount would be discontinued and regular tariff rates and charges would apply.

Issued: March 30, 2012

Effective: April 1, 2012

Issued under the authority of the PA 179, Michigan Telecommunications Act, as amended.

Mark Bernath, President, Waldron Telephone Company, PO Box 197, Waldron, MI 49288, 517-286-6211, info@waldrontel.com

(D)

Waldron Telephone Company M.P.S.C. No. 1 (R) 5th Revised Sheet No. 6 Cancels 4th Revised Sheet No. 6

LOCAL TELEPHONE EXCHANGE SERVICE

Exchange: WALDRON

A. GENERAL

- The provision of service at the rates shown below is subject to the regulations given in the General Rules and Regulations as they now exist and are filed with and form part of this Tariff.
- The rates shown below entitle the customer to messages without other charge to all stations bearing the designation of a central office of the following exchanges, which comprise the Local Service Area:

WALDRON HUDSON MORENCI PRATTVILLE RANSOM

Waldron will block calls dialed 1-plus to stations within the Waldron, Hudson, Morenci, Prattville or Ransom exchanges. Waldron will treat calls dialed without 1-plus as local calls and Waldron will bill those calls according to this tariff.

The Company will designate local calls as "Local VNXX Calls" if they meet all of the following criteria:

 The dialed phone number is associated with a rate center included in the calling party's Local Calling Area,

 The end user associated with the called number is not physically located within the rate center associated with the dialed phone number,

 The rate center in which the dialed party is physically located is not within the customer's Local Calling Area,

d. The provider of Basic Local Exchange Service to the dialed phone number does not agree to compensate the Company for those calls per the Company's applicable access tariff based on the jurisdiction of a call to the physical location of the dialed party, and

 The Company has posted numbers meeting the above four criteria on the Company's website as Local VNXX Calls.

If a customer so requests, the Company will block direct dialing to all Local VNXX Calls.

(N)

B. BASIC SERVICE RATES, MONTHLY RATES: Within the Base Rate Area:

Class of Service Residence 1-Party Line ALL

\$18.72*

	NON-EDU		
	6 or fewer lines	7 or more lines	EDUCATIONAL
Business 1-Party Line	\$21.06*	\$18.56*	\$18.56*
PBX Trunk	\$25.26*	\$22.76*	\$22.76*

*The charges for basic local exchange service and end user access line charge were integrated and rates were increased effective July 1, 2001.

Issued: October 2, 2007

Effective: January 1, 2008

Issued under authority of Public Act 179 of 1991 as amended

Mark Bernath, President PO Box 197 Waldron, MI 49288-0197

Michigan Public Commission

> 2/20/08 FILED



June 3, 2015

Waldron Telephone Company (SAC 310734)

Response to Line 3010 – Milestone Certification (47 CFR §54.313(f)(1)(i))

Waldron Telephone Company hereby certifies that throughout 2014, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream/1 Mbps upstream, and currently, it is taking reasonable steps to provide upon reasonable request actual speeds of at least 10 Mbps downstream/1 Mbps upstream broadband service at with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas as determined in an annual survey, and that requests for such service are met within a reasonable amount of time.

Waldron Telephone Company's (SAC 310734)

Response to Line 3012 - List of Community Anchor Institutions to Which the ETC Newly Began Providing Service

The FCC's *USF/ICC Transformation Order* requires a listing of community anchor institutions to which the ETC newly began providing broadband service. Waldron Telephone Company did not newly begin providing community anchor institutions with access to broadband service in calendar year 2014.

ATTACHMENT - LINE 3026 ATTACHMENT REDACTED IN ENTIRETY